Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

| Applicant Name: | icia K Bodin | Corgoroso | | |
|--|------------------------------|-------------|--|--|
| Date Received: 2/22//3 | Applicant Number: | 10510 | | |
| Recommended Applicant Pool Status: Final Applicant Pool Status: | | | | |
| ☐Included ☐Removed | Mincluded | Removed | | |
| REQUIREMENTS: | | | | |
| Was the application received before the: | submission deadline? | ✓Yes □No | | |
| If NO, list time/date application was received: | | | | |
| If NO, list the item(s) that need to be completed: | | | | |
| | | | | |
| 3. Indicate how the applicant responded to the following questions: | | | | |
| A. Student enrolled in a college/univers | | ✓Yes □No | | |
| If YES, consider I and ii only; If NO, consider I, ii, iii, and iv: Poside in the City of Austin? | | | | |
| Reside in the City of Austin? | | LIYES LINO | | |
| Registered to vote in the City | | ↓ AYes LINo | | |
| iii. Continuously registered to v | ote in the City of Austin? | □Yes □No | | |
| iv. Voted in 3 of the last 5 City of | of Austin general elections? | □Yes □No | | |
| Follow-up needed related to REQUIREM If YES, identify issue(s) addressed and | ENTS? ! disposition: | □Yes □No | | |

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| <u>COI</u> | VFLICTS OF INTEREST: | |
|------------|--|-------------------|
| 4. į | Did the applicant respond "Yes" to any conflict of interest of If YES, indicate which question(s): | questions? |
| ÷] | Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition: | □Yes ☑No |
| | NSISTENCY: Are applicant answers consistent? If NO, indicate which answer(s): | ✓Yes □No |
| * | Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition: | □Yes Z ÎNo |
| Q | oplication Reviewed By: uality Control Review By: ollow-up Contact(s) Reviewed By: | |